

U.S. PTO
J1062 W.S.

10-22-82 [REDACTED] (pro #)

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PTO/SB/16 (8-00)

Approved for use through 10/31/2002. OMB 0651-0032

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a **PROVISIONAL APPLICATION FOR PATENT** under 37 CFR 1.53(c).

INVENTOR(S)				
Given Name (first and middle [if any])	Family Name or Surname	Residence (City and either State or Foreign Country)		
David Charles Eileen T. Juan J.	Schwartz Dimalanta de Pablo	3110 Oxford Road, Madison WI 53705 1323 Spring Street, #2, Madison, WI 53706 2514 Chamberlain Avenue, Madison WI 53705		
<input type="checkbox"/> Additional inventors are being named on the ___ separately numbered sheets attached hereto				
TITLE OF THE INVENTION (280 characters max)				
MICRO FLUIDIC SYSTEM FOR SINGLE MOLECULE IMAGING				
Direct all correspondence to:		CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number	27114	Place Customer Number Bar Code Label here		
OR				
<input type="checkbox"/> Firm or Individual Name				
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Country		Telephone	Fax	
ENCLOSED APPLICATION PARTS (check all that apply)				
<input checked="" type="checkbox"/> Specification	Number of Pages	19	<input type="checkbox"/> CD(s), Number	
<input checked="" type="checkbox"/> Drawing(s)	Number of Sheets	2	<input checked="" type="checkbox"/> Other (specify)	Return Postcard
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76				
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT				
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.			FILING FEE AMOUNT (\$)
<input type="checkbox"/>	A check or money order is enclosed to cover the filing fees			\$160.00
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number:			17-0055
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.				
<input type="checkbox"/> No.				
<input checked="" type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____				
DOE DE-FG-02-99ER62830 and NIH HG00225				

Respectfully submitted,

SIGNATURE

TYPED or PRINTED NAME Keith M. Baxter

TELEPHONE 414.277.5719

Date | 10/18/02

REGISTRATION NO.
(if appropriate)

Docket Number:

31,233

960296.99047

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

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PTO/SB/17 (11-01)
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 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 160.00

Complete if Known

Application Number 60/
 Filing Date Herewith
 First Named Inventor David C. Schwartz
 Examiner Name
 Group Art Unit
 Attorney Docket No. 960296.99047

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 17-0055 Deposit Account Name Quarles & Brady LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2050 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>1053 130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804 920</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 400</td><td>2252 200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 920</td><td>2253 460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,440</td><td>2254 720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 1,960</td><td>2255 980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 320</td><td>2401 160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 320</td><td>2402 160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 280</td><td>2403 140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Keith M. Baxter	Registration No. (Attorney/Agent)	31,233
Signature		Telephone	414.277.5719
		Date	Oct. 18, 2002

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